



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 31 July 2019



Braefield Nursing Home

Type of Service: Nursing Home

Address: 2-6 Carncome Road, Connor, Ballymena BT42 3LA

Tel No: 0282589 2233

Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides nursing care for up to 49 patients and residential care for one named person. There is a separate 13 bedded unit registered to provide care and support for persons living with dementia.

3.0 Service details

<p>Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited</p> <p>Responsible Individual: Amanda Celine Mitchell</p>	<p>Registered Manager and date registered: Philomena McIlwaine 12 May 2017</p>
<p>Person in charge at the time of inspection: Philomena McIlwaine</p>	<p>Number of registered places: 50</p> <p>There may be a maximum of 13 patients accommodated within category NH-DE and located in the designated dementia unit. There shall be a maximum of 2 named residents receiving residential care in category RC-I</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 47</p>

4.0 Inspection summary

An unannounced inspection took place on 31 July 2019 from 10.00 hours to 18.30 hours.

The term 'patient' is used to describe those living in Braefield Nursing Home which provides both nursing and residential care.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of previous finance inspection has also been reviewed and validated.

Evidence of good practice was found in relation to the provision and training of staff, staff's attentiveness to patients and patient care. The environment was safely managed without detracting from the homely atmosphere.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. The delivery of care took into account personal choice and independence for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care required.

We observed that patients were offered choice within the daily routine, that systems were in place to provide patients with a say in the day to day running of the home and that the activities provided had a positive impact on the patients.

There were established management arrangements with systems in place to provide management with oversight of the services delivered.

An area for improvement was identified regarding the environment of the dementia care unit and replacing the flooring in a patient's bedroom and in one bathroom.

Patients described living in the home as being a good experience and in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Philomena McIlwaine, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 8 March 2019

The most recent inspection of the home was an unannounced finance inspection undertaken on 8 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 July to 31 July 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection of 1 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44.1 Stated: First time	The registered person shall ensure that the décor in a number of rooms is brought up to an acceptable standard.	Met
	Action taken as confirmed during the inspection: We viewed the identified rooms and confirmed that the rooms had been repainted and refurbished.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that fluid intake is consistently recorded in care records.	Met
	Action taken as confirmed during the inspection: The review of patients' care records and supplementary care records evidenced that individuals fluid intake was being consistently recorded and monitored.	
Area for improvement 3 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that care records contain the date they are completed.	Met
	Action taken as confirmed during the inspection: The review of patients' care records evidenced that any entry made in a record was dated.	
Area for improvement 4 Ref: Standard 37 Stated: First time	The registered person shall ensure that completed records are archived regularly and stored appropriately.	Met
	Action taken as confirmed during the inspection: The review of patients' care records and discussion with the manager evidenced that completed records are archived regularly and stored appropriately.	

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (4) Stated: First time	The registered person shall ensure that that there is liaison with the HSC trust in relation to the identified patient who has consistently low or negative funds. Any expenditure beyond what the identified patient has available should not be met from funds drawn from the pool of patients' monies.	Met
	Action taken as confirmed during the inspection: In discussion with the registered manager it was stated that issue regarding a patient's low funds has been resolved.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.26 Stated: First time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Met
	Action taken as confirmed during the inspection: Evidence was present during the review of patients care records that the inventory of property was current and a process of review had been implemented.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing levels within the home were reviewed with the registered manager. The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked patients and their visitors about staffing levels and none

expressed any concern. Several patients spoke positively about the home to the inspector, including comments such as:

- “Staff are great and very attentive.”
- “Things couldn’t be better.”

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with the Care Standards for Nursing Homes, April 2015. A relative commented, “Staff speak and treat patients with respect.”

Discussion with both the registered manager and staff provided assurance that staff were effectively supported by the registered manager through informal conversation and a process of bi-annual supervision and annual appraisal. Five staff were spoken with individually and each one expressed a high level of satisfaction with the support they received from the registered manager. Staff comments included:

- “Everyone works well together here, that’s what makes it work.”

Feedback from staff also provided assurance that new members of staff undergo a formal, structured period of induction. One such staff member told the inspector that they had had a formal induction and then worked alongside staff and stated this was helpful.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual’s monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The management of adult safeguarding within the home was discussed with the registered manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients’ bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. It was pleasing to note that several communal areas, including lounges and dining rooms appearing bright and welcoming to patients and visitors. The dementia care unit was furnished to a good standard and presented as a comfortable environment for patients living there. However, we observed that there was a lack of orientation cues and points of interest/notice boards in the unit and that the chairs used by patients in the lounge area were aged. The corridor areas

appeared bland and the enhancement of these areas would provide patients with a more interesting and stimulating environment. This was discussed with the registered manager and responsible individual who agreed to review and action the areas discussed, as far as possible. We observed that the flooring in a patient’s bedroom and a bathroom evidenced wear and tear and required to be made good; both these areas were identified to the registered manager. The areas discussed have been identified as an area for improvement.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients’ needs.

We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme.

In relation to medicines management the most recent medicines management inspection was 23 July 2018 and no areas for improvement were identified at the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

An area for improvement was identified regarding aspects of the environment including; enhancing the décor and furnishing of the dementia care unit and the flooring in two identified areas required attention.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Feedback from both the registered manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings.

Staff who were spoken with stated that that if they had any concerns, they could raise these with the registered manager. Staff spoke positively about working within the home. A relative commented, “(Manager) right on the ball if there are any issues.”

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

The care records also evidenced that staff regularly communicated with patients’ families or representatives and also used a range of risk assessments to help inform the care being provided.

The use of a pressure mat which alerted staff to the movement of one patient was reviewed. It was good to note that appropriate and comprehensive risk assessments had been completed which clearly indicated that this equipment was both necessary and proportionate in helping to keep the patient safe. The patient’s history was clearly noted along with an appropriate and person centred care plan.

Wound care which was being provided to one identified patient was also considered. Wound care documentation evidenced that the multidisciplinary team (MDT) had been involved in the patients’ care and treatment and that any recommendations made by the MDT had been incorporated into the patients care plan. Wound care management was in accordance with professional guidelines.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present. A discussion with a registered nurse regarding falls management confirmed the registered nurse’s clear understanding and responsibility in respect of post falls management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the use of potentially restrictive practices, wound care management and post falls management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.00 and were met immediately by staff who offered us assistance. Patients were present in the lounges or in their bedroom, as was their personal preference. The atmosphere in the home was welcoming. Observations of interactions throughout the day demonstrated patients relating positively to staff and to each other. Patients were engaged by staff with respect and encouragement at all times. One patient commented, “It’s like a four star hotel.”

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Care staff were assisting with the activities programme as the home was recruiting for an activities coordinator.

We observed the serving of the lunchtime meal. Patients were assisted to the dining rooms or had trays delivered to their rooms as required or preferred. Staff were present in the dining room

throughout the meal and were observed assisting patients with their meal, as needed, in a calm and quiet manner. Patients who were able to communicate indicated that they enjoyed their meal. One patient commented, “The food’s great, too much.”

Cards and letters of compliments and thanks were displayed in the home. Examples of comments received were:

- “We cannot thank you all enough for your contribution to mum’s life and hope that many other residents will benefit from your kindness and high standards for many years to come.”
- “We want to thank everyone for the love, care and attention that mum received while living as part of the Braefield family.”

We spoke to patients and their comments included:

- “Tried a few homes and this is by far the best.”
- “It’s like a four star hotel.”
- “Staff are great, very attentive.”
- “I like it here because it’s always friendly.”
- “Things couldn’t be better.”
- “The girls couldn’t be better, they’re very good to me.”

We spoke to the relatives of three patients and some of their comments included:

- My (relative) wouldn’t be alive if she hadn’t of been here.”
- Staff treat my mother like the Queen Mother.”
- “The home has improved from Healthcare Ireland took it over.”

Five relatives’ questionnaire was submitted to RQIA following the inspection and four of the five respondents were very satisfied that patients were treated in a compassionate manner and that care was safe and effective and that the service was well led. One respondent indicated that they were dissatisfied across the four domains of the questionnaire.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and the activities programme.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registered manager is the person in day to day operation of the home; the current manager has been registered with RQIA since 2017 and was knowledgeable of her responsibility with regard to regulations and notifying RQIA of events. The registered manager reported that they were well supported by the responsible individual for the organisation. A review of the duty rota evidenced that the registered manager's hours were clearly recorded. Patients and staff reported that the manager was very approachable and available to speak to.

The registered manager reviews the services delivered by completing a range of monthly audits. Areas audited included staff practice with hand washing, cleanliness of the environment and care records. Complaints and accidents are reviewed monthly to identify trends and any common themes. The registered manager explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed.

In addition, monthly quality monitoring reports completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were reviewed. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken and if the complainant was satisfied with the response and outcome to their complaint. One patient commented:

- "I've absolutely no complaints about the home."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Philomena McIlwaine, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by 1 October 2019</p>	<p>The registered person shall ensure the environment of the dementia care unit is inviting, homely and interesting for the patients. The flooring in the two identified areas should also be replaced and/or repaired.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The dementia unit has been decorated in a homely inviting manner with meaningful wall art and various rummage boxes throughout. The flooring in the identified two rooms , one has been replaced and one has been repaired .</p>

Please ensure this document is completed in full and returned via Web Portal



The **Regulation** and
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Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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